

**APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD
OF A CITIZEN OF THE UNITED STATES OF AMERICA**

Registration Number

A. THIS SECTION TO BE COMPLETED BY THE CHILD'S PARENT(S) OR GUARDIAN(S) OR THE CHILD (USE SECTION D CONTINUATION SHEET)

INFORMATION ABOUT THE CHILD

1. Name of Child in Full

Doe

Beautiful

Baby

(Last/Surname)

(First)

(Middle)

2. Sex

3. Date of Birth

4. Place of Birth

☒ M ☐ F01 / 15 / 2018
(month) (day) (year)

Paget

(City)

Bermuda

(Country)

NOTE: (If the U.S. citizen parent transmitting citizenship to the child is not present, he or she may complete State Department Form DS 5507 Affidavit of Parentage Physical Presence and Support and submit it separately. The parent completing this application should provide as much information on the parent completing the Form DS 5507 as he or she has.)

INFORMATION ON MOTHER/FATHER/PARENT**INFORMATION ON MOTHER/FATHER/PARENT**

5. Full Name

Doe

Proud

Happy

(Last/Surname)

(First)

(Middle)

6. All Previous Legal Names Used

Maiden Name

Proud

Happy

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

7. Sex

8. Date of Birth

☐ M ☒ F06 / 30 / 1979
(month) (day) (year)

9. Place of Birth

Rochester

New York

USA

(City)

(State/Province)

(Country)

10. Current Physical Address (Do not list P.O. Box)
(A.P.O. Address Permitted)

18 Main Street

(Address Line 1)

Southampton SN 01

(City, State/Province, Country, Postal Code)

441 441 4141

(Phone Number(s))

mom@yahoo.com

(Email Address)

Use this address if Consular Report of Birth
will be mailed?☒ Yes ☐ No

11. Full Name

Doe

Proud

Happy

(Last/Surname)

(First)

(Middle)

12. All Previous Legal Names Used

N/A

(Last/Surname)

(First)

(Middle)

(Last/Surname)

(First)

(Middle)

13. Sex

14. Date of Birth

☒ M ☐ F06 / 40 / 1979
(month) (day) (year)

15. Place of Birth

Paget

Bermuda

(City)

(State/Province)

(Country)

16. Current Physical Address (Do not list P.O. Box)
(A.P.O. Address Permitted)

18 Main Street

(Address Line 1)

Southampton SN 01

(City, State/Province, Country, Postal Code)

441 441 4141

(Phone Number(s))

dad@gmail.com

(Email Address)

Use this address if Consular Report of Birth
will be mailed?☒ Yes ☐ No17. Mailing Address (if different from Current Physical Address) (Do not list a P.O. Box.)
(You may list an A.P.O. address)

(Address Line 1)

(City, State/Province, Country and Postal Code)

<p><i>(Continued)</i></p> <p>INFORMATION ON MOTHER/FATHER/PARENT</p> <p>18. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No </p>	<p><i>(Continued)</i></p> <p>INFORMATION ON MOTHER/FATHER/PARENT</p> <p>19. Citizenship Were you a U.S. citizen or U.S. Non-Citizen National when the child was born? <input type="checkbox"/> Yes <input checked="checked" type="checkbox"/> No </p>																																																																		
<p>MARITAL STATUS OF THE PARENTS</p>																																																																			
<p>20. Were you married to the child's other biological parent when the child was born? <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																			
<p>21. Date and Place of Marriage to the child's other biological parent and current status</p> <p> <u>06</u> / <u>15</u> / <u>2010</u> <u>Hamilton</u> <u>Bermuda</u> (month) (day) (year) (City) (State/Province) (Country) </p> <p> <input checked="checked" type="checkbox"/> Still Married <input type="checkbox"/> Divorced <u> </u> / <u> </u> / <u> </u> <input type="checkbox"/> Death <u> </u> / <u> </u> / <u> </u> (month) (day) (year) (month) (day) (year) </p>																																																																			
<p><i>(Continued)</i></p> <p>INFORMATION ON MOTHER/FATHER/PARENT</p> <p>22. Please list any other marriages (<i>Show Name(s) of Spouse(s), Dates and Current Status</i>) if applicable (<i>Death, Divorce, Still Married</i>). If you have never been married, enter "None." (<i>If additional space is needed, please use the Section D Continuation Sheet</i>)</p> <p>None</p>	<p><i>(Continued)</i></p> <p>INFORMATION ON MOTHER/FATHER/PARENT</p> <p>23. Please list any other marriages (<i>Show Name(s) of Spouse(s), Dates and Current Status</i>) if applicable (<i>Death, Divorce, Still Married</i>). If you have never been married, enter "None." (<i>If additional space is needed, please use the Section D Continuation Sheet</i>)</p> <p>One previous marriage terminated by divorce</p>																																																																		
<p>24. Precise Periods of Time in United States (<i>if additional space is needed, please use the Section D Continuation Sheet</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: center;">Date (month-day-year)</th> <th style="text-align: center;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Rochester, New York</td> <td style="text-align: center;">From 06/30/1979</td> <td style="text-align: center;">To 06/01/2010</td> </tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)	Rochester, New York	From 06/30/1979	To 06/01/2010		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To	<p>25. Precise Periods of Time in United States (<i>if additional space is needed, please use the Section D Continuation Sheet</i>)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Place (City, State)</th> <th style="text-align: center;">Date (month-day-year)</th> <th style="text-align: center;">Date (month-day-year)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">N/A</td> <td style="text-align: center;">From</td> <td style="text-align: center;">To</td> </tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> <tr><td> </td><td style="text-align: center;">From</td><td style="text-align: center;">To</td></tr> </tbody> </table>	Place (City, State)	Date (month-day-year)	Date (month-day-year)	N/A	From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To		From	To
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INFORMATION ON MOTHER/FATHER/PARENT

26. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
None	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

(Continued)

INFORMATION ON MOTHER/FATHER/PARENT

27. Precise Periods Abroad in U.S. Armed Forces, in other U.S. Government Employment, with Qualifying International Organization, or as a dependent child of a person so employed (Specify) (if additional space is needed please use the Section D Continuation Sheet)

Branch/Agency/Org.	Date (month-day-year)	Date (month-day-year)
N/A	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To
	From	To

B. THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

NOTE: If a U.S. citizen parent transmitting citizenship to the child born out of wedlock is not present, he or she may complete State Department Form DS 550 Affidavit of Parentage Physical Presence and Support and submit separately. Only the U.S. citizen father of a child born abroad out of wedlock must complete the acknowledgement of paternity and agreement to provide financial support.

28. I _____ do solemnly swear (or affirm) (check all that apply)
(Name)

☐ I am a U.S. citizen or non-citizen national. ☐ I am the father of _____
(Name of Child)

who was born on _____ in _____. ☐ My child was born out of wedlock, and I am the
(Date of Birth) (Place of Birth)

the father through whom he/she is claiming U.S. citizenship. ☐ I agree to provide financial support for this child until he/she reaches the age of eighteen

(Signature of Affiant)

SUBSCRIBED AND SWORN TO (AFFIRMED) before me this _____ day of _____,

(Signature and Title of Administering Officer)

(SEAL)

(Continued)

**THIS SECTION TO BE COMPLETED BEFORE/BY CONSULAR OFFICER, NOTARY PUBLIC, OR OTHER
PERSON QUALIFIED TO ADMINISTER OATHS**

29. Affirmation: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE
BEST OF MY KNOWLEDGE AND BELIEF.

Name of Person(s) Providing Information _____ Relationship to the Child _____ Signature of Person(s) Providing Information _____
(Parent, Legal Guardian, Other (Specify))

Type Name and Title of Official _____ Signature of Official _____ City _____ Date _____

(month) (day) (year)

Subscribed to: (SEAL)

30. Approval of Consular Report of Birth

(Printed Name of Consular Officer)

(Signature of Consular Officer)

(Approving Post)

____ / ____ / ____
(month) (day) (year)
(Date of Approval)

(Registration Number)

C.

FOR OFFICIAL USE

31. Documents Presented - Please mark accordingly and provide date of document. (If more space is required, list on separate page)

<input type="checkbox"/>	Child's Birth Certificate	____/____/____ (month)(day)(year)	_____ (City)	_____ (Province)	_____ (Country)
<input type="checkbox"/>	Marriage Certificate	____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
<input type="checkbox"/>	Divorce Decree(s)	(a) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
		(b) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
		(c) ____/____/____ (month)(day)(year) (File Date)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (City)	_____ (State)
		_____ (Province)	_____ (Country)		
<input type="checkbox"/>	Death Certificate(s)	(a) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
		(b) ____/____/____ (month)(day)(year)	_____ (City)	_____ (State)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Mother/Father/Parent's Passport	_____ (Passport Number)	____/____/____ (month)(day)(year) (Date of Issuance)	_____ (Nationality)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Naturalization Certificate)	_____ (Name of the Citizenship Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other Identity Document of Mother/Father/Parent (e.g. Driver's License)	_____ (Name of the Identity Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	
<input type="checkbox"/>	Other (Legal Guardianship; Power of Attorney, etc.)	_____ (Name of the Document)	_____ (Document Number)	____/____/____ (month)(day)(year) (Date of Issuance)	

PRIVACY ACT STATEMENT

AUTHORITY: The information solicited on this form is requested pursuant to provisions in Titles 8 and 22 of the United States Code (U.S.C.), whether or not codified, including specifically 22 U.S.C. 2705 and predecessor statutes, and by regulations issued pursuant to E.O. 11295 (August 5, 1966), including Part 50, Title 22 Code of Federal Regulations (CFR).

PURPOSE: The primary purpose for soliciting the information is to establish citizenship, identity, and entitlement to issuance of a Consular Report of Birth and to properly administer and enforce the laws pertaining thereto. The information may also be used in connection with issuing other evidence of citizenship, and in furtherance of the Secretary's responsibility for the protection of U.S. nationals abroad.

ROUTINE USES: The information solicited on this form may be made available as a routine use to other government agencies, to assist the U.S. Department of State in adjudicating passport applications and requests for related services, and for law enforcement and administrative purposes. It may also be disclosed pursuant to court order. The information may be made available to foreign government agencies to fulfill passport control and immigration duties. The information may also be provided to foreign government agencies, international organizations and, in limited cases, private persons and organizations to investigate, prosecute, or otherwise address possible violations of law or to further the Secretary's responsibility for the protection of U.S. nationals abroad. The information may be made available to private U.S. citizen 'wardens' designated by the U.S. embassies and consulates. More information on the Routine Uses for the form can be found in the System of Records Notice, Public Notice 6209 for May 2, 2008. The title of this notice is Overseas Citizens Services Records.

DISCLOSURE: Providing the information requested on this form is voluntary. Failure to provide the information requested on this form may result in the denial of a Consular Report of Birth, related document or service to the individual seeking such report, document or service.

PAPERWORK REDUCTION ACT (PRA) STATEMENT

Public reporting burden for this collection of information is estimated to average 20 minutes per response, including time required for searching existing data sources, gathering the necessary documentation, providing the information and/or documents required, and reviewing the final collection. You do not have to supply this information unless this collection displays a currently valid OMB control number. If you have comments on the accuracy of this burden estimate and/or recommendations for reducing it, please send them to: CA/OCS/L, SA-29, 4th Floor, U.S. Department of State, Washington, DC 20037-3202.